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<b>SERIAL NUMBER</b> 10/606,133	<b>FILING OR 371(c) DATE</b> 06/25/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> CHOP.0182US
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/391,515 06/25/2002 *DD*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

09/12/2003

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>DD</i> Examiner's Signature	Initials			

**ADDRESS**

000110

**TITLE**

Methods for detection of genetic alterations associated with cancer

<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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